GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2026

Cheri Weaver
DIVINE LIVING CENTER OF MT PLEASANT 1 INC
SUITE 100
865 S CEDAR ST
MASON, MI 48854

RE: License #: AL370419434
DIVINE LIVING CENTER OF MT PLEASANT 1 INC
BUILDING 1
5785 E BROADWAY RD
MT PLEASANT, MI 48858

Dear Ms. Weaver:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AL370419434
Licensee Name:	DIVINE LIVING CENTER OF MT PLEASANT 1 INC
Licensee Address:	SUITE 100 865 S CEDAR ST MASON, MI 48854
Licensee Telephone #:	(989) 773-9421
Licensee Designee:	Cheri Weaver
Administrator:	Chelsea Lindsey
Name of Facility:	DIVINE LIVING CENTER OF MT PLEASANT 1 INC
Facility Address:	BUILDING 1 5785 E BROADWAY RD MT PLEASANT, MI 48858
Facility Telephone #:	(989) 773-9421
Original Issuance Date:	02/02/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2026

Date of Bureau of Fire Services Inspection if applicable: 01/22/2026

Date of Health Authority Inspection if applicable: Not applicable.

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 15
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

Upon closure of the special investigation, I recommend issuance of a 2 year regular license to this AFC large group home.

_____07/29/2026_____

Jennifer Browning
Licensing Consultant

Date